



# Florida Department of Highway Safety and Motor Vehicles

## Division of Motorist Services

### Manufactured Housing Section Vehicles

<b>PROCEDURE:</b> MHS - 06	<b>SUBJECT:</b> PLANT INSPECTION
<b>DESCRIPTION AND USE:</b> This procedure concerns routine manufactured home manufacturing plant inspections.	

#### I. INTRODUCTION:

Ongoing inspections of manufactured home manufacturing plants are performed by the Manufactured Housing Section (MHS) which is Florida's Production Inspection and Primary Inspection Agency (IPIA). These inspections are to ensure the plants are capable of following the quality control procedures set out in their Quality Assurance (QA) Manuals as required by regulations of the U.S. Department of Housing and Urban Development (HUD). When designs are not specific with regard to any aspect of HUD regulations, the plant is accountable to the HUD requirements. In order to perform the ongoing inspections after a plant has been approved and monitor inspections by the Institute for Building Technology and Safety (IBTS), compliance examiners must be fully knowledgeable of the manufacturer's approved designs and QA Manual.

#### II. REQUIREMENTS AND RESPONSIBILITIES OF COMPLIANCE EXAMINERS:

**Step 1:** The compliance examiner must ensure that the manufacturer complies with the minimum requirements of the applicable standards. This is accomplished by the following activities by the compliance examiner.

- The compliance examiner must become fully knowledgeable of the manufacturer's approved designs and updates.
- The compliance examiner must inspect every visible portion of each unit not labeled to ensure they comply with the manufacturer's approved design. This is accomplished by the following two methods.

**Revisions on this procedure:** Attachment A revised 01/16. Section II – Format was changed to reflect different Steps. Section II F. was changed to Section III. Section III was changed to Section IV. Section V – Supervisor Responsibility added with Plant Check Sheet (page 18). Section IV was changed to Section VI.

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- Quality control (QC) personnel in the plant must verify to the compliance examiner that each portion of the home being inspected complies with the approved design.
- The compliance examiner must conduct inspections in conformance with the approved design.

**Step 2:** The compliance examiner must become fully knowledgeable with the manufacturer's QA Manual and updates and understand that failure of the QC personnel in the plant to perform their duties in accordance with this manual constitutes system of control violations that must be recorded on forms HSMV-81010 (**see Attachment A on page 9**) and HSMV-81009 (**see Attachment B on page 11**) and discussed with the general manager of the plant and the QC manager.

**Step 3:** The compliance examiner must ensure that the manufacturer's quality control personnel conform to the requirements of the QA Manual. This is accomplished as follows:

- Verifying that the QC personnel use the approved QC checklist
- Visually observing the QC personnel performing the required inspections in accordance with the approved QA Manual.
- Verifying that complete certified plans and specifications are available and are compatible with designs used on the production line for each home produced.
- Verifying that all tests are properly conducted.
- Verifying that all updates and design changes are properly placed in the QA Manual and design package.
- Verifying that product manufacturer installation instructions are approved and/or addressed by the Design Approval Primary Inspection Agency (DAPIA) and are being used by the production and QC personnel.
- Verifying that the manufacturer has a system to ensure that all products received meet the requirements of their specifications and are properly stored.
- Recording all code, plan specifications, and systems of control on form HSMV-81010 and, when necessary on form HSMV-81009.

**Step 4:** The compliance examiner should ensure that inspections are performed by a schedule which assures that all manufactured homes are inspected in at least one stage of production. NOTE: Units inspected in the yard only are not considered inspection in production. At least one HUD labeled manufactured home is to be inspected each month. All unlabeled homes are to be inspected during each on-line inspection, with the exception of red tagged homes.

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**Step 5:** The compliance examiner must ensure that forms HSMV-81010 and/or HSMV-81009 are properly documented. This is accomplished by the following actions.

- Recording the date, inspection report number, and the manufacturer's name and address in the spaces provided.
- Securing the signature of the assigned QC or Plant Manager Designee with whom the compliance examiner reviewed the reports/inspections.
- Listing serial numbers of all manufactured homes (HUD and Non-HUD) that are inspected the day of the inspection in the spaces provided. In the space beside the serial number, indicate the station where the violation(s) was (were) found (SVF) and the station where the violation occurred (SVO). This is to be accomplished by using the work station codes described in the manufacturer's QA Manual.
- Recording the serial numbers of only the manufactured homes that have violations in the serial number column.
- In the CCI column indicate the computer number that corresponds with the violation.
- In the VIOLATIONS column, briefly describe the violation found and specify locations.
- In the REFERENCE column, indicate the section of the approved design, QA Manual, standards, or systems of control that were violated.
- In the CORRECTIVE ACTION column, briefly describe how the violation was corrected. If the violation(s) is (are) related to the approved design or manual, the corrective action must be consistent with the design or manual provisions. If the violation(s) is (are) not corrected at the completion of the inspection, list the applied red tag numbers in the CORRECTIVE ACTIONS column. The methods are described in the HUD regulations (CFR 24, Part 3282.409(c)).
- A form HSMV-81009 shall be completed for all violations or non-conformances reported on the form HSMV-81010 report. Reference items a and b below regarding criteria for repeat and systems violations.

**Step: 6** Excessive/Repeat Violations:

- Three non-conformances in a single assembly station at the point of accountability as defined in the QA Manual found during any IPIA inspection, or
- A single non-conformance observed in the same assembly station in five of the last ten inspections.

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- Systems Problems A thru C. NOTE: A-1 systems are to be documented for improper documentation of checklist/traveler violations of five or more indicating the QC inspectors are not thorough or consistently conducting inspections to identify violations which may affect multiple units.

### Step 7:

- The compliance examiner shall deliver the original HSMV-81009 form documenting each non-conformance or violation to the general manager of the plant and the QC manager so that the manufacturer can initiate corrective action and document them accordingly.
- A copy shall be retained by the compliance examiner for follow-up purposes. These reports shall be picked up by the compliance examiner at the next regular inspection or within three working days.
- The compliance examiner shall review the manufacturer's responses to assure that the manufacturer has taken the appropriate corrective action. If any part of the response is not acceptable, the compliance examiner shall reject the response and sign the form accordingly.
- The compliance examiner will then make a photocopy of the rejected HSMV-81009 form and attached a second form HSMV-81009 to that photocopy and return the same to the manufacturer's general manager and QC manager for appropriate action.
- If the program supervisor is in agreement with the documentation as supplied by the manufacturer, he or she will attach all HSMV-81009 forms that are associated with a given form HSMV-81010, and mail them to the MHS central office.
- If, however, the documentation provided by the manufacturer is unacceptable, the program supervisor is to discuss the deficiencies with the compliance examiner first.
- Should a pattern of poor responses from the manufacturer develop, the program supervisor shall meet jointly with the manufacturer to discuss the response(s) and to explain the consequences of continued non-compliance (i.e., increased frequency of inspections).

### Step 8: Issuance of Red Tags:

- When violations or non-conformances are subject to cover-up or violations not corrected by the end of the day the units involved shall be red tagged.
- Red tags can only be removed after the compliance examiner verifies that all violations have been corrected to the approved design and manuals or, when the approved design or manual are not specific to the HUD standards.

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**Step 9:** The compliance examiner shall ensure that all HSMV-81010 and HSMV-81009 forms are properly completed and do the following:

- Print information clearly.
- Make copies for the manufacturer, the regional office, and himself or herself.
- Sign and date all the forms.
- After discussing the issues with the plant manager have him or her sign the forms.

**III.** With regard to IBTS audits, the following should occur:

1. The MHS central office shall notify the appropriate program supervisor of all pending IBTS audits. The program supervisor and relevant compliance examiner shall go to the plant the day of the IBTS audit. The compliance examiner shall work with one member of the IBTS audit team and the program supervisor shall accompany the other members of the team providing assistance as needed.
2. At the conclusion of the IBTS audit there will be an exit interview between the program supervisor, compliance examiner, IBTS audit team and the plant's general manager, plant engineer and QC manager. The purpose of this exit interview is to ensure that the violations noted by the IBTS team are properly related to the code and certified plans or the systems controls. The program supervisor, compliance examiner, or plant representative may challenge the validity of any questionable items in the IBTS report by presenting appropriate documentation. This action may change the IBTS score for the plant if accepted by the IBTS team and recorded on their report.
3. The compliance examiner shall obtain all certification documents pertaining to all codes, prints and systems of control violations found by the IBTS team. If the compliance examiner is unable to complete the follow-up that day, a return visit the following morning will be necessary in order to complete the required HSMV-81010 and HSMV-81009 reports. The HSMV-81010 and HSMV-81009 reports shall reflect the IBTS findings. Upon completion of the HSMV-81010 and HSMV-81009 reports, all documentation pertinent to the violations and systems of control findings in the IBTS report shall be forwarded to the regional office promptly.

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4. When received in the regional office, clerical personnel are to prepare a file folder for each separate IBTS report. The following steps are to be followed in preparing such file folder(s):
  - a. Prepare a folder label for each file showing the IBTS report number, manufacturer's name and location, and date of inspection.
  - b. Staple a "Progress Report" sheet (**see Attachment C on page 13**), which is used to record follow-up actions taken on the IBTS findings, to the inside cover of the file folder.
5. The program supervisor shall review code and plan specifications and systems of control violations with the manufacturer and require the general manager or his or her designee to respond in writing to each finding, identifying the source of the problem(s), the corrective action(s) taken to prevent reoccurrence.
6. All follow-up monitoring required by the compliance examiner will be recorded on form HSMV-81010, HSMV-81009 and HSMV-81013 (**see Attachment D on page 15**), if applicable. This information may need to be referenced by date and report number as part of the answer when the modified copy of the IBTS report is received. This modified copy will require a comparison to the copy received at the exit interview. A complete review is required to ensure that all questions have been answered.
7. The following sequence of activities shall be observed at the completion of each IBTS inspection.
  - a. Report scores shall be delivered to the MHS headquarters office by telephone on the day of the inspection.
  - b. A copy of the written IBTS report shall be sent to the MHS headquarters office by fax the morning following the inspection.
  - c. A response shall be sent to the MHS Section Supervisor within 14 days from receipt of the modified IBTS report.
  - d. The MHS Section Supervisor will notify the regional office of any required changes or modifications within three working days of receiving the report. The program supervisor will send a final response to the IBTS and provide a copy to the MHS headquarters office within 14 days of the IBTS final report being received.

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### IV. MONTHLY REPORT ON NOTICE OF VIOLATIONS:

- A. Each month, each regional office shall prepare a report showing the Notice of Violations (NOVs) that were written in the plants each month for the previous month using form HSMV-81088 (see **Attachment F on page 17**). The information is taken from the HSMV-81010 forms that are sent to the MHS central office. The Monthly Notice of Violation report includes, the location where the citation(s) was (were) made, the HUD label number(s) on the unit(s) involved, the Red Tag number(s) issued for the citation(s), if applicable, the identification number(s) of the unit(s) involved, and the plant number.
- B. The compliance examiner will have to locate the HUD label number from the monthly production report and then pull the corresponding data sheet. It is best to do this after checking the 302 reports and before filing them and the data reports. Record the NOV number and the region on the data sheet in the space at the bottom left corner. Occasionally the unit was labeled the month before or will be labeled the next month.
- C. If the compliance examiner is unable to locate the serial number or the number appears to be incorrect he or she should check with program Supervisor who can check copy of HSMV-81010 to verify number.

### V. SUPERVISOR RESPONSIBILITY:

- A. Supervisor will evaluate the plant compliance examiner once a month.
- B. Supervisor will use plant check sheet (Page 18) as a means of yearly evaluation.

### VI. IPIA MONTHLY REVIEWS:

- A. IPIA Monthly Review will allow for service records review to determine if §3282.404 are being followed.
- B. If the IPIA finds a failure to conform, the manufacturer is expected to respond to the IPIA's findings.
- C. The IPIA inspector or designee may perform the audit and obtain from the plant a list of files for which service request for at least 6 months or older is used. 10 files should be sufficient. Check the files for conformance with **24 CFR §3282.417 (B), (C), (D), and (E)** Manufacturer's Maintenance of Records.
- D. The report and findings should be submitted to and retained by the plant for use by the SAA and HUD.

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### **FLORIDA IPIA MONTHLY SERVICE FILE REVIEW PROCEDURES**

The form is to be used monthly, assure the manufacturer is properly making its determination in accordance with §3282.404 when they are made aware of service for this review and assure the home has attained at least 6 months of age.

Following is a description of how to complete the form. (**ATTACHMENT H, PAGE 19**)

1. Date – Fill in today’s date.
2. Serial Number – Fill in the home’s serial number.
3. Model Number – Fill in the home’s model number.
4. Mfg. Date – Fill in the home’s manufacture date.
5. HUD Label Numbers – Fill in the HUD label numbers.
6. Source of complaint – Place a checkmark (✓) after the source of the complaint (manufacturer, homeowner, retailer, or other).
7. Date Complaint Received – Fill in the date the manufacturer received the complaint.
8. Issue (brief description) – On the first two (2) lines write in a brief description of the issue reported to the manufacturer. This form is designed for a maximum of five (5) issues; however use additional forms when necessary.
9. Date Classified – The manufacturer is required to classify each issue reported, therefore on the third (3<sup>rd</sup>) line record the date the manufacturer did so.
10. Party Responsible for Issue\* - If the party responsible for the issue is recorded by the manufacturer as the manufacturer then write in “M” (see the \* at the bottom of the page), and then continue with the next four columns. If not “M”, then skip to the next four (4) columns and proceed with the next issue. If model specific, document in summary.
11. Classified as “N”, “D”, “SD”, or “ISH” – The manufacturer must classify issues as a non-conformance (N), a defect (D), serious defect (SD), or imminent safety hazard (ISH). Record on the form which of the four (4) classifications the manufacturer used.
12. Method used and does IPIA concur.
13. Class of Homes – Did the manufacturer determine if there was a class of homes involved? Record either “Y” for yes or “N” for no.
14. Determinations by: - Record the manufacturer’s representative that made the aforementioned determinations.
15. Initial, if mfg. complying with requirements. A statement signed by the IPIA stating that mfg. has complied with the requirements should be on the summary sheet.
16. Summary sheet on the audit total findings for the month to determine and document mfg.’s compliance with requirements. It should have recommendations (if any) for the mfg. to be in compliance.



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<b>Subject:</b> QUALITY ASSURANCE MONITORING/INCREASED FREQUENCY	<b>Procedure #</b> <div style="text-align: center;">MHS- 06</div>	<b>Page #</b> <div style="text-align: center;">9 of 19</div>
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## ATTACHMENT A

IPIA's REPORT # \_\_\_\_\_

### FLORIDA MANUFACTURER'S INSPECTION REPORT

MFR. \_\_\_\_\_ Date \_\_\_\_\_

#### List Below in Sequential Order the ID # of Each Unit Inspected

ID #	Station	ID #	Station	ID #	Station	ID #	Station

HUD LABEL # \_\_\_\_\_ ID # \_\_\_\_\_ ☐ PRINTS ☐ APPLIANCES

#### Testing Required By The Standard

ID #	Plumbing	ID #	Gas System	ID #	Electrical
	Fixture		Before Appl Conn		Continuity
	Tub/Shower		After Appl Conn		Operational
	Drainage/Vent		Egress Window		Dielectric
	Water System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Material Storage		Polarity Fixture
<b>NEW/UPDATE CERT.</b>					Polarity Receptacle
SUBJECT			DRAWING PRT #	MODEL #	APPROVAL DATE
COMMENTS:					

**Station description and process shall be recorded to comply With the DAPIA approved QA manual.**

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Travel Time To: \_\_\_\_\_ From: \_\_\_\_\_

Total Time: \_\_\_\_\_

Manual/Plan Review Time: \_\_\_\_\_

Total HUD M.H. Insp Time: \_\_\_\_\_

All homes have been inspected today in at least one phase of production and are in compliance with DAPIA/HUD and QA Manual. Except for items stated on reverse side.

QC's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors Review \_\_\_\_\_ Date \_\_\_\_\_  
**HSMV-81010 (Rev. 01/16)**

Inspectors Signature \_\_\_\_\_ Date \_\_\_\_\_

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<b>SVF – Station Violation Found</b>	<b>SVO –Station Violation Occurred</b>	<b>CCI-Computer Code Item</b>
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[illegible]

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### ATTACHMENT B FLORIDA MANUFACTURER'S INSPECTION SUPPLEMENT REPORT

PLANT: \_\_\_\_\_

DATE OF INSP.: \_\_\_\_\_

INSP. REPORT NO.: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

1.PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

NO. UNITS: ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

\_\_\_\_\_

2.PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

NO. UNITS: ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: Plant Management \_\_\_\_\_ Date \_\_\_\_\_

**HSMV-81009 (Rev. 11/15)**

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3.PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

\_\_\_\_\_

4.PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

\_\_\_\_\_

5.PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

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### ATTACHMENT C

#### CONSUMER COMPLAINT COMPUTER CODE LISTINGS FOR VIOLATIONS

**Prefixes: CD- Cause Dealer; CM – Cause Manufacturer; TD/TM – Cause Transit**

#### STRUCTURAL

- 101 Air Filtration
- 102 Bottom Board
- 103 Ceiling – Defective or Sagging
- 104 Defective Doors
- 105 Floors Buckled/Warped
- 106 Floors – Other
- 107 Leaks – Roof
- 108 Leaks – Wall
- 109 Leaks – Windows
- 110 Leaks – Other
- 111 Roof Problems
- 112 Running Gear Equipment
- 113 Siding Warped/Defective
- 114 Truss Failure
- 115 Wall Panel Buckled
- 116 Wall Panel – Other
- 117 Windows – Inoperative
- 118 Structural – Other

#### PLUMBING

- 201 Drain/Waste System
- 202 Freezing of Water Line
- 203 Pipes
- 204 Plumbing Leaks
- 205 Sink Problems
- 206 Toilet Problems
- 207 Tub/Shower Problems
- 208 Water Distribution System
- 209 Water Heater
- 210 Plumbing – Other

#### HEATING/COOLING

- 401 Air Handling Equipment
- 402 Air Handling System
- 403 Condensation-Ceiling/Roof
- 404 Condensation-In Walls
- 405 Condensation-At Windows
- 406 Condensation-Other
- 407 Furnace
- 408 Gas Leaks
- 409 High Heating Bills
- 410 Inadequate Insulation
- 411 Miscellaneous Heating Appliances
- 412 Thermostat
- 413 Heating System-Other

#### FIRE SAFETY

- 501 Fire Places
- 502 Smoke Detectors
- 503 Fire Safety-Other

#### INSTALLATION

- 601 Set Up and Leveling
- 602 Connection Utilities
- 603 Joining Multi-Wides
- 604 Installation-Other

#### MISCELLANEOUS

- 701 Deficient Appliances
- 702 Deficient Appliance Hook Up
- 703 Formaldehyde Vapors
- 704 Air Pollutants Other
- 705 Miscellaneous-Other

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### ELECTRICAL

- 301 Distribution Panel/Circuit/Breaker
- 302 Light Fixtures
- 303 Receptacles
- 304 Switches
- 305 Wiring
- 306 Electrical – Other

### INVESTIGATION REPORT CODES

- A. New Complaint
- B. Re-inspection – New Problems
- C. Re-inspection – Original Problems  
Incomplete
- D No Jurisdiction
- E Too Old
- F No Inspection-Repairs Complete

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### ATTACHMENT D PROGRESS REPORT

ON

IBTS INSPECTION

MANUFACTURER:

IBTS REPORT #:

DATE OF INSPECTION:

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IPIS

DATE REC'D NCSBCS MODIFIED COPY:

DATE ANSWERS MAILED TO NCSBCS:

DATE RESPONSE REC'D FROM NCSBCS:

DATE OF FOLLOW-UP:

DATE IPIA PORTION RESOLVED:

SCORE:      MODIFIED SCORE:

---

DAPIA

DAPIA ERROR (YES / NO):

DATE DATA REC'D FROM DAPIA:

DATE NCSBCS CONCURRED / DISPUTED:

DATE OF IPIA FOLLOW-UP ON DAPIA ERRORS:

DATE DAPIA PORTION RESOLVED:

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### ATTACHMENT E

### STATE OF FLORIDA NONCONFORMANCE CLASS SEARCH SUBPART I, CFR PART 3282

#### DIVISION OF MOTORIST SERVICES – MANUFACTURED HOUSING SECTION

MANUFACTURER: _____	DATE: _____
ADDRESS: _____	SERIAL #: _____
CITY, STATE ZIP: _____	HUD LABEL #: _____
CONSUMER: _____	RE: _____
DEALER: _____	DATE OF MANUFACTURE: _____

Please provide the following information in accordance to section 3282.404 of the Manufactured Home Procedural and Enforcement Regulations, and this suggested format:

- 1) Date of complaint or investigation report was received: \_\_\_\_\_
- 2) Date of inspection or investigation was completed: \_\_\_\_\_
- 3) Name of person who made the inspection/investigation: \_\_\_\_\_
- 4) What criteria method was used to determine the number of homes affected?  
 A. File Search \_\_\_\_\_ B. On site inspection \_\_\_\_\_ C. Model specific \_\_\_\_\_ D. Comments \_\_\_\_\_  
 List model and or serial numbers as applicable;

#### CHECKED 10 BEFORE AND AFTER AFFECTED SERIAL NUMBER

BEFORE					
BEFORE					
AFTER					
AFTER					

- 5) Is more than one home affected? YES \_\_\_\_\_ NO \_\_\_\_\_ Attach a list of homes, including name, address and telephone number of the owners.
- 6) Noncompliance \_\_\_\_\_ Defect \_\_\_\_\_ Serious Defect \_\_\_\_\_ Imminent Safety Hazard \_\_\_\_\_
- 7) Nonconformance(s) was/were caused by: Design \_\_\_\_\_ Faulty Materials \_\_\_\_\_ Workmanship \_\_\_\_\_
- 8) Is notification required? YES \_\_\_\_\_ NO \_\_\_\_\_ or Correction required? YES \_\_\_\_\_ NO \_\_\_\_\_  
 or are notification and correction required? YES \_\_\_\_\_ NO \_\_\_\_\_
- 9) Explain what action(s) was/were taken on each failure to conform:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10) Date of completion for all required actions (notifications and/or corrections): \_\_\_\_\_

I (manufacturer's representative) certify that the above information is true and complete to the best of my knowledge. I certify that all required notifications and/or repairs have been completed in full conformance to the Manufactured Housing Construction and Safety Standards, 24 CFR Part 3282, Subpart I.

_____ Manufacturer's Representative / Title	_____ Date
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I agree with the method used by the manufacturer to determine a class of homes exist.

_____ IPIA Representative	_____ Initial	_____ Date
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### ATTACHMENT F

#### MONTHLY REPORT ON NOTICE OF VIOLATIONS (HUD)

DISTRICT OCALA MONTH/YEAR FEBRUARY 2003

NOTICE OF VIOLATION WRITTEN AT:	HUD LABEL #	NOT. OF VIO. OR RED TAG	I.D. #	PLANT #
2/3/2003 NOBILITY # 1 OCALA, FL	SEE 81010 REPORT	70269	8968B 733834	
2/3/2003 HOMES OF MERIT # 2 LAKE CITY, FL	SEE 81010 REPORT	70377/78	2680A/B 735000101	
2/4/2003 NOBILITY # 8 BELLEVIEW, FL	SEE 81010 REPORT	70305	10969B 734541	
2/4/2003 CAMERON OCALA, FL	SEE 81010 REPORT	70268	378B 734811	
2/7/2003 NOBILITY # 1 OCALA, FL	SEE 81010 REPORT	70380	26880A 735058	
2/11/2003 HOMES OF MERIT # 3 LAKE CITY, FL	SEE 81010 REPORT	70270/71	26870A 735054 26487B 73029819	
2/12/2003 HOMES OF MERIT # 2 LAKE CITY, FL	SEE 81010 REPORT	70306	450B 736383	
2/13/2003 CAMERON OCALA, FL	SEE 81010 REPORT	70272	8971B 736543	
2/17/2003 HOMES OF MERIT # 2 LAKE CITY, FL	SEE 81010 REPORT	70381/82	26945A/B 735126127	
2/18/2003 NOBILITY # 1 OCALA, FL	SEE 81010 REPORT	70273	8979B 736560	

## MANUFACTURED HOUSING SECTION

<b>Subject:</b> PLANT INSPECTIONS	<b>Procedure #</b> MHS - 06	<b>Page #</b> 18 of 19
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### ATTACHMENT G

**INSPECTOR'S NAME:** \_\_\_\_\_ **DATE EVALUATED:** \_\_\_\_\_

**NAME AND LOCATION OF MANUFACTURER:** \_\_\_\_\_

**REGION:** \_\_\_\_\_ **NAME OF EVALUATOR:** \_\_\_\_\_

<b>DOES THE INSPECTOR, UPON ENTERING THE PLANT:</b>		<b>YES</b>	<b>NO</b>
<b>1.</b>	<b>GET LIST OF ID NUMBERS?</b>		
<b>2.</b>	<b>GET MODEL TYPES AND / OR APPROVED PRINTS?</b>		
<b>3.</b>	<b>REVIEW THE ON-LINE MODEL'S PRINTS AND SPECS AND Q.A. MANUAL?</b>		
<b>4.</b>	<b>ASK IF THERE ARE ANY NEW UPDATES AND MAKE SURE THEY ARE PLACED IN MANUAL AND PUT INTO PRACTICE</b>		
<b>5.</b>	<b>DOES THE INSPECTOR FOLLOW THE Q.C. PERSONNEL DOWN THE LINE?</b>		
<b>6.</b>	<b>DOES THE INSPECTOR DEMONSTRATE HIS/HER EXPERTISE?</b>		
<b>7.</b>	<b>DOES THE INSPECTOR ASSURE THE MANUFACTURER COMPLIES WITH HIS CERTIFICATION PACKAGE AND THE STANDARDS?</b>		
<b>8.</b>	<b>DOES THE INSPECTOR ASSURE Q.C. PERSONNEL CONFORM TO THE REQUIREMENTS OF THE Q.A. MANUAL?</b>		
<b>9.</b>	<b>DOES THE INSPECTOR ASSURE ALL PARTS OF THE MOBILE HOME INSPECTED COMPLY WITH THE STANDARDS, DESIGN AND MANUALS?</b>		
<b>10.</b>	<b>DOES THE INSPECTOR ARRANGE HIS/HER SCHEDULE TO ASSURE THAT ALL MOBILE HOMES ARE INSPECTED IN AT LEAST ONE STAGE OF PRODUCTION?</b>		
<b>11.</b>	<b>DOES THE INSPECTOR INSPECT AT LEAST ONE HUD LABELED UNIT EACH MONTH?</b>		
<b>12.</b>	<b>DOES THE INSPECTOR CHECK ALL UNLABELED HOMES DURING EACH LINE INSPECTION?</b>		
<b>13.</b>	<b>DOES THE INSPECTOR USE THE 81010/81009'S PROPERLY?</b>		
<b>14.</b>	<b>DOES THE INSPECTOR CHECK ALL TEST EQUIPMENT EACH TIME TESTS ARE OBSERVED?</b>		
<b>15.</b>	<b>DOES THE INSPECTOR CHECK THE MANUFACTURER'S STORAGE AREA EACH PLANT VISIT? PARTIALLY?</b>		
<b>16.</b>	<b>IF REQUESTED, DOES THE INSPECTOR CONDUCT AN EXIT WITH THE GENERAL MANAGER BEFORE LEAVING THE PLANT?</b>		
<b>17.</b>	<b>DOES THE INSPECTOR COMPLETE ALL NECESSARY, REQUIRED REPORTS AND PROVIDE COPIES TO THE PLANT PERSONNEL PRIOR TO LEAVING THE PLANT?</b>		
<b>18.</b>	<b>DOES THE INSPECTOR MAINTAIN A GOOD RAPPORT WITH ALL PARTIES CONCERNED?</b>		

## MANUFACTURED HOUSING SECTION

<b>Subject:</b> PLANT INSPECTIONS	<b>Procedure #</b> MHS - 06	<b>Page #</b> 19 of 19
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### ATTACHMENT H

STATE OF FLORIDA

MONTHLY IPIA REVIEW OF SERVICE AND INSPECTION RECORDS

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ①

#### HOME INFORMATION

Serial Number: ②	Model #: ③	Mfg. Date: ④	HUD Label #: ⑤
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#### COMPLAINT INFORMATION

Source of complaint: ⑥	Manufacturer:	Homeowner:	Retailer:	Other:
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Date Complaint Received \_\_\_\_/\_\_\_\_/\_\_\_\_ ⑦

Describe Issue	Classified Date	Party Responsible for Issue* (if "M" complete next four columns, otherwise go to next issue).	Classify as "N", "D", "SD" or "ISH"	**Method used IPIA concur	Class of Homes (Y or N)	Determination by:
#1 ⑧						
	⑨	⑩	⑪	⑫	⑬	⑭
#2						
#3						
#4						
#5						

\* Manufacturer (M), Retailer (R), Installation (I), Homeowner (H)

\*\* If model specific, document below.

Summary Sheet ⑮

By: \_\_\_\_\_ ⑮

Initial IPIA - IF Mfg. complying

Revised: 01/08/2015

Revised 01/05/2016